the Special Attention of Physicians is Kespectiumy invited to the Ke	marks delow, and to list of diseases on	oack of this Certificate.
Bealth Department	Control Se altim	ore.
Permit No. 98892 Office of Registrar		Ward
The Physician who attended any person in a last illness, a recto the Undertaker or other person superintending the burial, who in requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OBTAINED.	ED WITH CERTIFICATE.	i deceased, or sooner, i
CERTIFICATE	OF DEATH	4
Date of Death, March 28th 18	87	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	ry ann Wrigh	+
Sex, Male or Female, {Cross out the word not required in this line.}		
Age, Years,	Months,	Days.
Color, Colorad		/
Married, Single, Widow or Widower, {Cross out the word required in this lin	ds not }	
Occupation,	· · · · · · · · · · · · · · · · · · ·	
Birth Place, (State or country, and how long in the United States, and low long in the United States, and long in the United States in	rly	
Duration of Residence in the City of Baltimore,	y During we	
Place of Death, {Give Street and } . 1210 N. S	foring st	
Cause of Death, Second (Immediate),	re.	
Duration of Last Sickness, Wandered All the above information should be furnished by the Physician.	from home 4 was found in	days before
Place of Burial, Sharp St	ear Canton ne	my dead
Date of Burial, Mich 30th 1887	E. B. Feuby.	M D
Undertaker, Alex Houses Ad	Medic	al Attendant,
Place of Business, 561 Orchard Ad	ldress, 1201 U. En	en so

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish wirein twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Permit No. 98893 Office of Registrar of Trial Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, within twenty-four lowers after the death of said deceased, or sooner, requested so to do, under penalty of law.  No Permit for Burial can be Obtained with a Proper Certificate.
CERTIFICATE OF DEATH
Date of Death, March 28-1887
Date of Death, March 28 - 1887  Full Name of Deceased, Write legibly and spell Correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 52 Years, OMonths, Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Clink
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Jefelesses
Place of Death, {Give Street and } loghts W mode dway
Cause of Death, { First (Primary), Palnular disease of Heart Second (Immediate), Ofofleyy
Duration of Last Sickness, Thru mulls
Place of Burial, Freen Mount
Date of Burial, March 30 A )
(Undertaker, George Schilling Offall Kull S.M. D.
Place of Business, Ishland Synas Address 403 A OBoo a dura

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the date of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

City of Baltimore.

and date of death.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

of this Bertificate.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificat
Bealth Department File Baltimore.
Permit No. 98895 Office of Registrar of Vilat Waltistic. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the cuty-fold accurate reduced to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, March 27. 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } required in this line.
Age, 36 Years, 4 Months, Day
Color, White
Married, Single, Widow or Widower, {Cross out the words not required in this ne.
Decompation, Son Ruler
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Lifeting
Place of Death, {Give Street and } 22 Heleant &
Cause of Death, First (Primary),
Second (Immediate), Second (Immediate),
All the above information should be furnished by the Physician.
lace of Burial Green mount.
Date of Burial March 291887 11, 12
(Undertaker, Olm H. Helickenan, Wat on M. D. Medicat Attendant.
Place of Rusiness D2400. Clare sates los Clares

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Corones, when the case comes under his notice, to furnish within venty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause I date of death.

Board of Health, City of	of Baltimore, 19
20, 110, 10, 10	GISTRAR OF VITAL STATISTICS.
sooner, if requested so to do, under penalty of law.  No Permit for Burial Can be Drained without the penalty of law.	The presentation of this Certificate, accuratly filled thours at the death of said deceased, or Record the Certificate.
CERTIFICATE OF	DEATH.
Date of Death, The 28 "	887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Firtude Coule
Sex, Mile Female, {cross out the word not }	
Age, Years, 5	Months, 12 Days.
Color, While	
Married, Single, Widow or Widower, {Cross out the word not }	
Occupation,	-11
Birthplace, {State or country, (and how long in the United States.)   1034 Vibra	in mount is
Duration of Residence in the City of Baltimore,	man.
Place of Death, {Give street and }	
Cause of Death, Second, (Immediate,)	& Bronditts
Duration of last Sickness,  All the above information should be furnished by the Physician.	1.11
Place of Burial, Louden Fasts Col	Mel.
Date of Burial, Meh 29/57 01	Medical Attendant
J Undertaker, J. 13. Cooff	
Place of Business, 100 3 W, Balts Address, C	603 11 6 mey 10
Extract from Regulations of the Reard of Health to sect	ure a full and correct record of

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within torty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

I. J. C. DULANY & CO. CITY PRINTERS AND STATIONER

	Bepartment,	City of	Baltimore.	0
Permit No. 98897	fice of Registrar	of Vital Sta	tistics. Ward	99
The Physician who attended any to the Undertaker or other person sup-	person in a last illness, is resper	side for the presentati	on of this Certificate, accurate death of said deceased.	ately filled out, or sooner, if
i and the man and the permitty of the	V. FOR BURIAL CAN BE OBTAINE			
CERT	TIFICATE	OF DE	ATH.	0
Date of Death,	march	29_18	84	
Full Name of Deceased, $\left\{egin{smallmatrix} \mathrm{Wri} \\ \mathrm{corr} \\ \mathrm{not} \\ \mathrm{of} \ \mathrm{p} \end{smallmatrix}\right\}$	te legibly and spell ectly. If an Infant named, give names arents.	alie F	aton	4
Sex, Male or Female, Cross out required i	the word not }			
Age,	Years,	Months,	32	Days
Color, Mile				
Married, Single, Widow or	Widower, {Cross out the word required in this li	ls not }		
Occupation,				
Birth Place, State or country, and ho long in the United State if of foreign birth.	Bactimo	re Cily	/	
Duration of Residence in the	e City of Baltimore,	32 da	rys	
Place of Death, {Give Street and }	No.401	North &	ut.	
Cause of Death, First (Primar Second (Imme	y), Accident	al suff	location	
Duration of Last Sickness, All the above information should be fur		uts		
Place of Burial, & Occ	b. Cometer	11	,	
Date of Burial, Meli	29"/84)	Mena	to Alilo	
S Undertaker, Lee.	findlat "	ruxan	Medical Attendant.	,M. D.
Place of Business, HE a	eth Office A	ddress, Cori	Ther.	
Extract from Regulations of the E	Board of Health to secure a		cord of the Vital Statist	ics in the
SECTION 2. And be it further enacted the Physician who attended during his owenty-four hours after the death, to the he same can be ascertained, the full name and date of death.	d and ordained, That whenever or her last sickness, or the Cor e Undertaker or other persons	any person shall die in	mes under his notice, to fur	nish within

useases or back of this Certificate.

The Special Attention of Physicia	ans is Respectfully Invited to	the Remarks below, and	to List of Diseases on back of t	his Certificate.
Health	<b>Departmen</b>	nt, City of	Baltimore.	10
Permit No. 98898	Office of Regis	trar of Xial	Ward	Ø
The Physician sho attended to the Undertaker or other person requested so to do, under penalty No Person	MIT FOR BURIAL CAN BE O	BTAINED WITHOUT A PR	OPER CERTIFICATE	d, or sooner, i
CEF	RTIFICAT	E OF E	EATH.	
Date of Death,	Mas	ch 28 t	1887	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Moses	Milligan	
sea, Male or Female, {re	equired in this line.			
Age, 76				Days.
Color,			10	
Married, Single, Widow				
Occupation,	132	icknow	Rev	
Birth Place, State or country, long in the Unite if of foreign birth	and how hed States,	men Can	to	
Duration of Residence	in the City of Baltin	more,Z	4 year	
Place of Death, Give Street Number	and } 2	211 142	Elding It	
Cause of Death, $\left\{egin{array}{l}  ext{First (I)} \\  ext{Second} \end{array} ight.$				
Duration of Last Sickn All the above information should be	be furnished by the Physician.	•		
Place of Burial, Lau	vel Cemeter	ny		
Date of Burial, Ana.	reh 30 m	1 11	1	
(Undertaker, Q. O. )	7. Bandell	John	Medical Attendan	
Place of Business,	08 millen Si	Address, 19	37 2. 16 min	and 4

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Gealth Department, City of Balore.					
Permit No. 98899 Office of Registrar of Vital States Ward 20					
The Physician who attended any person in a last illness, is responsible for the presentation of the descriptions, describing the person superintending the burial, with a description of the person superintending the burial, with a description of the person superintending the burial, with a description of the person superintending the burial, with a description of the person superintending the burial, with a description of the person superintending the burial with a description of the person superintending the burial with a description of the person superintending the burial with the burial					
sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without APROPER CEMIFICATE.					
CERTIFICATE OF DEPTH.					
Date of Death, Nich 27, 87					
Date of Death, Mch 27,  Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}  Ser Mode or Female (Cross out the word not)					
Sex, Make or Female, {Cross out the word not } required in this line.					
Age, 2 / Years, Months, Days					
Color, Beic					
Married, Single, Widow or Widower, {Cross out the words not } required in this line.					
Occupation, Lerwaul					
Birth Place, {State or country, and how long in the United States, if of foreign birth.					
Duration of Residence in the City of Baltimore, 12 700					
Place of Death, {Give Street and } 1109 Little Wilson &h					
First (Primary), Couseuptean					
Cause of Death, Second (Immediate), Exhaustra					
Duration of Last Sickness, & Suco					
All the above information should be furnished by the Physician, Place of Burial Loue Cemety					
Date of Burial, March 29 1394					
( Undertaker, Milieum of Dangee ) Medical Attendant.					
Place of Business, 150 East St Address, 1002 Edmontran and					
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the					

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Place of Business 227

The Special Attention of Physicians	is Respectfully Invited to the R	emarks below, and t	o List of Diseases on Back of this Certificate.
Health	Department,	City of	Baltimore.
reallested so to do under nonalty of	Office of Registrate by person in a last illness, is respectively in the burial, within law.  The For Burial can be Obtain.	onsible for the present twenty-four hours with	action of this Certificate, accurately filled out, or the death of said deceased, or sooner, if
CER	TIFICATE		EATH.
Date of Death,	0	march	.27 1881
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names	then a	ick,
Sex, Male or Female, {Cross require	out the word not } red in this line.		
Age, 41	Years,	Month	Days
Color,	9	Thite	. /
Married, Single, Widow o	Widower, {Cross out the working required in this	rds not }	1/
Occupation,	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	//X/	teraunteur /
Birth Place, State or country, and long in the United State of foreign birth.	d how States,	Germa	m
Duration of Residence in		17 ye	ars
Place of Death, {Give Street an Number.	117.	anther	in St.
Cause of Death, $\begin{cases} \text{First (Print)} \\ \text{Second (In)} \end{cases}$	5	hour	Thous
Duration of Last Sicknes All the above information should be		Week.	7
Place of Burial, Long Date of Burial, Mars	1 30 ts 188 f	Ster	Richard M. D.
( Undertaker, / Co	dogani	1	Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is	Respectfully Invit	ed to the Ren	narks below,	and to List	of Diseases on l	back of this	Certificate.
Health !						ore.	011
Permit No. 75701	Office of Re	gistrar	an Dan	Steer	stics.	Ward	
The Physician who attended any to the Undertaker or other person su requested so to do, under penalty of h	y person in a last ill perintending the bu	ness, is respe rial, within <i>t</i>	hisible for the	presentation irs infler th	n of his Certife death of said	icate, accurate deceased, o	ely filled out r sooner, i
CERT	ΓIFICA	1	OF	DE	ATH	. (	
Date of Death,	Marc	-		6	<i>n</i>		
Full Name of Deceased, $\left\{egin{smallmatrix} \mathrm{W} \\ \mathrm{co} \\ \mathrm{no} \\ \mathrm{of} \end{smallmatrix}\right\}$	rite legibly and spell rrectly. If an Infant t named, give names parents.	Der 2	orge.	m.	Jame	4	
Sex, Male or Female, {Cross of required	out the word not }	Ma	le				
Age,	Years,		Л	Ionths,	19		Days.
Color, W	hile				, ,		
Married, Single, Widow or	$Widower, \{^{ ext{Cross}}_{ ext{requ}}\}$	s out the words ired in this line	not }	Sur	gle	1/	
Occupation,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	00.		0'0-	-V	
Birth Place, State or country, and long in the United State of foreign birth.	how tates,	Pal	umo	ul C	ry	·	
Duration of Residence in	the City of B	acceptore,	2 -60	je			
Place of Death, Give Street and Number.	322	0, 12	ether	ei	10		
Cause of Death, $\left\{egin{array}{l}  ext{First (Prim} \  ext{Second (In} \end{array} ight.$	nary),	Con	iguil	ron o	f Ln	ings	
Duration of Last Sickness All the above information should be full	rnished by the Physicia		lay	0			
Place of Burial,		abcen	0.	- /	7		
Date of Burial, May	clo 29:10	887	Jose	29	blo	me	, , ,
	rder & Don			. 0	Medica	l Attendant.	м. и.
Place of Business,///0	Cantoro	and Add	dress, 83	3 Cds	monds	on a	ne

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the daty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]